



THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF HOPEDALE
EMERGENCY CONTACT FORM

Date: _____

Name of Licensed Business

Address of Business

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact

Home Address of Emergency Contact

24 Hour Emergency Contact Telephone Number

Licenses applying *for or held* in the Town of Hopedale:

Business Hours

Weekday Business Hours of Operation Mon-Fri: _____

Weekend Business Hours of Operation Sat. & Sun: _____

IF YOU ARE APPLYING FOR AN ENTERTAINMENT LICENSE YOU MUST COMPLETE

Weekday Entertainment Hours Mon-Fri: _____

Weekend Entertainment Hours Sat. & Sun: _____

Types of Entertainment: _____

The premises is _____ ALARMED _____ NOT ALARMED

The premises has _____ SPRINKLER SYSTEM _____ DOES NOT HAVE SPRINKLER SYSTEM

THIS FORM MUST BE COMPLETED BEFORE A LICENSE IS ISSUED